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CLINICS.

CLINICAL LECTURE.

Lecture on Hip Disease. By THOMAS BRYANT, Assistant-Surgeon to Guy's Hospital. (Continued from p. 118.)

The following cases have been taken from my note-book without any special reference to the clinical symptoms by which the disease was characterized, or to the treatment which was followed. They are given as types of the ordinary run of examples of so-called hip disease in its early stages. They form a group of cases which will readily be recognized by all who have had much experience in joint affections, and, to my own mind, are good examples of "articular osteitis;" for they present clinical features which are very distinct from others, which will follow, of synovial disease. In all, recovery took place by treatment, the disease not having passed in any beyond the first stage of osteitis. In

none of the cases was the joint, as a joint, affected. In the succeeding series I shall give other cases of more advanced disease, and indicate the treatment that is required, with its results.

Case 1. Hip Disease after Scarlet Fever; Articular Osteitis; Recovery.—Tom C. aged 4, came under my care at Guy's Hospital on February 15, 1866, for some disease of the right hip. It had appeared after scarlet fever one year previously, coming on with pain in the knee and a marked limp. These symptoms had existed with slight intermissions of severity ever since. When he came under care the thigh was partially flexed upon the pelvis, and rotated outwards. There was spasm of the flexor muscle of the hip and the adductors, but no swelling could be made out about the hip-joint, and no thickening. The head of the femur could be made to rotate smoothly in the acetabulum, although the attempt excited spasm of the muscles.

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The child's health was bad. Tonics were given, and fomentations to the hip ordered, walking and standing being interdicted. In three months the symptoms had much improved, and by October 5, or in eight months, all had disappeared. The joint could be moved freely without pain or muscular spasm, and firm pressure over the trochanter could be endured without suffering. On December 6 the child was still well, with complete movement of the limb.

Case 2. Hip Disease; Articular Ostitis; Recovery with good Joint.—James C., aged 5, came under my care at Guy's Hospital, on July 30, 1866, for disease of the right hip-joint. It had appeared as a direct result of a fall received two months previously, limping and pain on the outer side of the thigh being the prominent symptoms. When he came under my care, these symptoms existed. The foot was straight. There was no thickening about the neck of the femur or of parts about the joint, but pain was readily produced by pressing the trochanter against the acetabulum; the head of the bone, however, moved smoothly in the pelvic cup. Rest, fomentations, and tonics were given, and by September 23, or in two months, all the symptoms had much improved. There was less pain in the part, and more freedom of movement allowed without exciting spasm of the muscles. By November 3 all signs of disease had disappeared, and by December 10 the child was allowed to use the limb with care. On January 4, 1867, the child could move the limb freely without pain or inconvenience, and in April the report states the child was still well.

Case 3. Early Hip Disease; Articular Ostitis; Recovery.—Ann F., aged 9, was brought to me at Guy's Hospital on October 5, 1862, for some affection of the hip. She had been observed to limp when walking for about one month, and had complained of pain in her knee. When I saw her, the pelvis was tilted up on the sound side, giving the appearance of lengthening of the affected limb. The thigh was fixed by spasm of the muscles generally, no special group being involved. Pain was produced on making firm pressure over the trochanter. There was no swelling about the joint, but increase of heat. The child was directed to desist from walking or even standing. Fomentations were ordered, and tonics given. On November 10, all these

symptoms had considerably improved. There was less pain and rigidity of muscles, and rotation of the limb was allowed. In another month the symptoms had disappeared; she was not, however, allowed to walk on the limb for several months. A good recovery followed.

Case 4. Early Hip Disease; Articular Ostitis; Recovery.—Catharine H., aged 3, came under my care at Guy's Hospital on April 12, 1866, for some disease of her hip-joint. It had existed for eight or nine weeks, and had appeared without any known cause. It came on with pain in the front of the knee, and lameness. The symptoms had existed up to the time of my seeing her.

When seen the affected limb appeared longer than its fellow from the tilting of the pelvis upwards on the sound side. There was some spasm of the muscles of the hip on any attempt being made to move the joint. But there was no swelling. Firm pressure over the trochanter caused pain. Rest, fomentations, and tonics were prescribed, and in one month all the symptoms had improved. By June 5 the hip-joint could be moved freely without exciting spasm of the muscles of the part, and by July 3 the report states that the child was nearly well. On August 10 she was pronounced to be cured, and on October 5 to be still well.

Case 5. Early Hip Disease; Articular Ostitis; Spasm of Adductor Muscles; Recovery.—Ellen N., aged 3, was brought to me at Guy's Hospital on April 20, 1862, with some disease of the right hip-joint. It had existed for seven weeks, and had followed a fall. Pain in the hip and limping followed the injury, and she had been unable to move the limb since. When I saw the child she was evidently in pain, and dreaded any attempt being made to move the limb. She supported it with the foot of the sound side, and kept it partially flexed upon the pelvis; it was also adducted to an extreme degree. Any attempt to move the joint caused pain and severe spasm of the adductor muscles. Pressure over the trochanter increased the suffering. There was no swelling. Fomentations to the hip were ordered, and cod-liver oil with iron given, rest in bed being enforced.

By May 26 all the symptoms had much improved, but the spasm of the adductors on movement was very marked; it was, however, less in degree. By June 6 this

spasm had disappeared, and movement of the joint was allowed. In another three months the child was well.

Case 6. Early Hip Disease; Articular Ostitis; Recovery.—Edward M., aged 6, came under my care at Guy's Hospital on June 2, 1862, with hip disease on the left side. Symptoms had existed three months, and had appeared without any known cause. The child had never reeled. Pain in the joint and limping were the prominent symptoms, which were put down as "growing pains." When I saw the child the pelvis was tilted upwards on the sound side, and the left thigh was flexed on the abdomen. These muscles were also put into a state of spasm on any attempt being made to move the limb, but the adductors were not similarly affected. There was no swelling about the joint, but firm pressure over the trochanter caused pain. Fomentations to the part were ordered, with directions that the child should neither stand nor walk, and tonics given.

On June 30 all spasm of the muscles had disappeared, and the movements of the joint were more free. There was also less heat, and pressure over the trochanter could be tolerated.

By July 30 all signs of mischief had disappeared, and by October he was perfectly well, with a sound joint.

Case 7. Early Hip Disease; Articular Ostitis; Recovery.—Sarah T., aged 7, came under my care at Guy's Hospital on July 1, 1861, for disease of her right hip-joint. It had come on about one year previously with pain, which had been regarded as "growing pains," and occasional limping. No advice had, however, been obtained. This had continued up to the time I saw her. The child limped seriously, and complained of pain at all times. This pain was increased by walking or by pressing the head of the bone against the acetabulum. There was some spasm of the muscles on attempting to flex or rotate the limb, but the head of the bone could be felt to move smoothly in its pelvic cup. The pelvis was tilted up on the sound side. There was no swelling about the joint. The child was ordered to abstain from standing or walking. Fomentations were to be applied to the joint two or three times a day. Tonics were given, with good living.

In one month or on July 29, the report states that the symptoms had much im-

proved. There was much less pain experienced on moving the joint.

On October 28, or three months subsequently, all symptoms had subsided. In another six the report states the child can walk well, all signs of the disease having disappeared.

[Seven other similar cases are related which we omit.]

Remarks: Brief Analysis of the Cases.—

If we look at these cases as a whole, it will be difficult to arrive at any other conclusion than that they are all examples of one affection, and to my own mind that affection is articular ostitis. The inflammation had never proceeded beyond its earliest stage in any of the instances, and was fortunately arrested by treatment in every case. In their clinical characters they are also very much alike. They all occurred in children. In some the cause was unknown, in others there was a distinct history of a fall; in one it followed a fever. In all it had existed only a few months; in three only had twelve months passed. In all pain existed of an aching character. This was fixed, in the majority of cases, in the hip; in several it was also felt in the knee, and in one in the outside of the thigh. In all there was marked limping on an attempt to walk, and apparent elongation of the limb from the tilting upwards of the pelvis on the sound side. In some of the cases the position of the limb was natural; in some flexed more or less; in one flexed and rotated outwards; and in others flexed and adducted. In all, attempts at movement excited spasm in some one or more of the groups of muscles around the joint, in some the flexors acting the more powerfully, in one the adductors. In no single example was there any very perceptible enlargement or swelling about the joint, and in all pain was excited by the interarticular pressure test. These symptoms clinically may be accepted as true indications of articular ostitis of the bones of the hip joint. In the treatment of these cases it will be observed that neither splints nor weights were employed. They were not required; for the joint, as a joint, in each case was sound, and its natural movements, as far as the patient felt disposed, did no harm, but rather good, by keeping the muscles in health. The one practical point which was uniformly enforced was the prevention of any interarticular pressure

upon the bones. No standing was allowed under any pretence, and no walking. Fomentations to the part were ordered, and tonics given. These principles of treatment ought always to be observed.

We will now proceed to quote some few instances of early synovial disease to contrast them with those which have been just given.

Case 15. Disease of Hip Joint (Synovial); Recovery.—William W., aged 4, came under my care at Guy's Hospital, July 30, 1866, for some affection of the left hip-joint. It had existed for six months, and had come on without any known cause; pain in the part and limping were the prominent symptoms. When seen these symptoms still existed. There was much thickening about the neck of the bone and in front in the groin; pain was caused by pressure both behind the trochanter and in the groin; the glands in the groin were also enlarged. The foot was everted. The head of the femur moved smoothly in the acetabulum, but pain was caused by the attempt. There was not much spasm of the muscles about the joint. A long splint was applied, fomentations ordered, and tonics given. By October 8 the symptoms had materially improved. On January 14 the joint could be moved freely without pain or exciting spasm. The thickening about the joint had much subsided. On March 25 all signs of disease had disappeared. The child was allowed to use the limb. On May 20 the limb appeared to be quite sound, and the child could walk well. In October the report states the child was quite well.

Case 16. Hip Disease (Synovial Disease); Recovery with Sound Joint.—Mary H., aged 4, came under my care at Guy's Hospital on February 26, 1865, for some affection of her right hip-joint. It had existed for five months, and had come on without any assignable cause. Pain in the part and limping were the early symptoms. When I saw the child there was clearly much thickening about the articulation, swelling around the articulation, and pain on pressure over the part; the joint, however, moved smoothly, and there was no spasm of the muscles of the articulation. There was increase of heat in the part. The pelvis was tilted upwards on the sound side, giving the appearance of elongation to the limb on the affected one. Rest, with fomentations and tonics were recommended, and in three

months the symptoms had much improved all increase of heat had disappeared, and the thickening about the soft parts and trochanter had much diminished, the mobility of the limb was greater, and the pain less. On September 20 the joint was pronounced to be sound, all signs of disease having disappeared. The child was allowed to use the limb to walk. In December she was still well. Six months later the joint was sound.

Case 17. Early Disease of Hip-joint; Synovial Inflammation; Recovery with Good Joint.—Ellen W., aged 3, came under my care at Guy's Hospital on April 20, 1863, for hip disease. It had existed for seven weeks, and had come on after a fall upon the part. Limping succeeded the injury, accompanied with pain and some swelling of the joint. The thigh also became slightly flexed and drawn inwards. When I saw the child the adductor muscles of the right thigh were in a state of violent spasm. Any attempt to abduct the limb excited severe pain. There was some fulness in the groin, and also behind the trochanter major, and any pressure upon these parts gave rise to suffering. There was also some surgical fever. Fomentations were ordered to be applied to the hip, and absolute rest enforced. Cod-liver oil was also given. In one month these symptoms had much improved, some movement of the limb being permitted. By June 6 the spasm of the adductor muscles had disappeared, and by September 10 all signs of mischief had passed away: the joint could be moved readily without pain, the fulness about the articulation had gone, and no signs of disease remained. Six months later the child was still well.

Remarks.—I have not deemed it necessary to quote many examples of early synovial disease of the hip-joint: in young subjects they are not so common as articular otitis; yet they occur, and are to be recognized by well-marked clinical characters. They are frequently the result of some injury, as a fall, and are invariably accompanied with pain and swelling of the affected part. A distinct thickening of the soft parts about the affected joint can always be made out in these cases in their earliest stage, and it is by this symptom that the surgeon should be guided in his diagnosis; for in articular otitis pain without swelling indicates its earliest appearance, whereas pain with swelling always accompanies early

synovial mischief. The treatment of these cases of early synovial disease differs also from that of articular osteitis when attacking the hip-joint, for in the latter class of cases it has been shown that recovery may take place without the application of any splint weight—the removal of all interarticular or pressure, by abstinence from walking or standing, being the only essential practical points to be observed—whereas in the hip-joint disease from early synovial disease it seems advisable to apply a splint in most cases, if not in all; for any movement of the joint unquestionably affects the diseased tissue, and as a consequence tends to interfere with a reparative process and retard recovery. The weight and pulley may be used instead, or any other mechanical contrivance by which the limb can be kept quiet. The constitutional treatment of these cases must be conducted upon ordinary rational principles. No special treatment is required. In two of the cases recorded, however, it will be observed that splints were not used. In one its application was postponed on account of the severity of the local symptoms, and when these had subsided the use of the splint did not appear necessary.—*Med. Times and Gaz.*, July 17 and 24, 1869.

HOSPITAL NOTES AND GLEANINGS.

Report on the Treatment of Delirium Tremens in the Hospitals of Great Britain.

—It is interesting to note in the following report, which gives a fair idea of the state of opinion in the profession on the subject, the great change which has taken place within the last few years in the treatment of delirium tremens. Instead of the heroic doses of opium, which were almost as a matter of course given in cases of this disease, opium is now used only by some physicians, and by them in comparatively small doses; the excessive treatment by alcohol has given way to more moderate measures, and now it is given up altogether, or stimulants are administered in much smaller quantities, while judicious nursing, except on rare occasions, has taken the place of the strait jacket. It is satisfactory to find that all are agreed as to the great importance of abundant nourishment of the best kind, and perfect rest.

Charing Cross Hospital.—Dr. Salter's treatment is sedative, pushed to extremity,

aided by stimulants, and, above all things, *feeding*. The results which he has obtained have been uniformly such as, in his opinion, leave nothing to be desired.

Middlesex Hospital.—Dr. Goodfellow is not inclined, during the early part of the disease, to interfere greatly. His treatment is mainly expectant and dietetic, abundance of nourishing food being allowed. Should the urgent symptoms, however, continue, subcutaneous injections of morphia, from a fourth of a grain upwards, according to circumstances, are given; and stimulants, spirits, or beer, as the case may be. The following mixture Dr. Goodfellow has found frequently of great service: *R.*—Quinæ disulphatis gr. ij; chloroformi ℥xx; tincturæ cardamomi comp. ʒj. To be taken in water every four or six hours. If there be much febrile disturbance, a grain of opium with a grain of calomel is prescribed.

Dr. Murchison advocates no special rule, his mode of treatment depending upon the individual character of the case. Generally speaking, however, he employs opium if there be no real affection, but if this be present, he believes tincture of digitalis, in twenty or thirty minim doses, offers considerable advantages. He thinks stimulants in some cases useful, but by no means employs them in all cases. Nourishing food and quiet are, invariably necessary.

St. Bartholomew's Hospital.—Dr. Farre always takes care to get the bowels open at first. He then gives opium; or, if the pupils have any disposition to contract, opium and antimony several times a day. If sleep be not induced by this means, he uses cold affusion to the head. Wine or beer is allowed, if the pulse be low, or the skin perspiring. He has given half-ounce doses of digitalis in several cases without injury, but without marked benefit.

St. Thomas's Hospital.—Dr. Peacock has been lately employing bromide of ammonium in delirium tremens with very good results.

Westminster Hospital.—The plan of treatment which, as a rule, Dr. Fincham adopts, is as follows. He cuts off at once all alcoholic stimulants, and administers directly abundance of easily digested and nourishing food—e. g., three pints of strong beef-tea, and one of arrowroot and milk, given in divided quantities every two hours, as in a case of fever. If, by giving one or two pints of porter in the day, he can get

food taken more readily, Dr. Fincham allows that quantity. As soon as possible, he urges the patient to take solid food, in the shape of meat, given as regular meals, with porter; continuing, at the same time, beef-tea, etc., in less quantity. Dr. Fincham gives no opium. If, at the commencement of treatment, the patient appears much exhausted, he gives ammonia; but, as a rule, prefers to give, as medicine, hydrochloric acid in some bitter infusion, in order to increase the appetite and assist digestion. If the patient have been drinking hard up to the time of his coming under treatment, Dr. Fincham has found, on several occasions, great and rapid improvement take place after the action of a brisk purgative—*e.g.*, calomel and colocynth, or a drop or two of croton oil. This must, of course, be followed by the due administration of nutritious food, etc. Dr. Basham thinks that the treatment of delirium tremens cannot easily be reduced to a plan, as each case must be regarded as a separate study. The effect of fermented stimulants on the nervous system, when acting as a poison, although manifesting for the most part a series of morbid phenomena common to all, nevertheless require a marked modification of treatment in different individuals. Thus total absence of sleep, hallucinations more or less of one type, an excitable restless manner, complete loss of appetite or power to take or digest solid food, and very depraved alvine excretions, are the common typical symptoms of that disorder of the nervous system known as delirium tremens. The great object of remedial treatment is to allay or calm the excitable but exhausted nerve-force. Sleep and rest are the points aimed at. But sleep will not follow the use of any one known agent. There are peculiarities, whether of the nervous system itself in each individual, or of the relation of the nerve-force to the other functions of the organism, which must ever shut out the idea of one remedy or one plan of treatment being entirely effective. It has ever appeared to Dr. Basham characteristic of a limited experience, to expect or to hold out the hope that any one special remedy will be universally applicable in this disease. Opium, digitalis, antimony, have their advocates; and, doubtless, occasional successful results follow their use in particular cases. Of these, opium perhaps has been most largely used—in many cases

with great advantage. It often quickly procures sleep; and, with that result once obtained, the paroxysm may almost be pronounced to be at an end. But it is only in a certain class of cases that opium is thus immediately beneficial. Take a case of delirium tremens accompanied by a good deal of vascular meningeal excitement; hallucinations of the usual type; hideous images; mental aberration; irritable, excitable manner; nights without sleep; heat of scalp; suffused conjunctiva, and pupils contracted; a sharp, quick, hard pulse. Give such a patient opium, and it will either poison him or bring on a deep comatose condition of great hazard; or, if the quantity given does not act thus, it adds to the excitement, and aggravates the symptoms to a pitch little short of those of arachnitis. Now if, with proper discrimination, some ten, dozen, or eighteen leeches had been applied to the scalp, followed by a brisk calomel purge, and then a moderate dose of opium, a grain or twenty minims of Battley, probably a different and more favourable result will follow. The chief aim in the treatment of delirium tremens is to allay the present paroxysm and obtain sleep; and the best remedy to secure this can only be found by a careful estimate of the idiosyncrasies of the individual, and of the presence or absence of morbid complications in other organs or functions beyond those of the nervous system.

Netley Hospital.—The system on which Dr. Maclean goes in the treatment of delirium tremens is, first to secure perfect quiet and seclusion for the patient, placing him under the care of careful and trustworthy attendants, who are instructed to use every means to calm and reassure the sufferer. The dangerous practice of forcing sleep by opiates he never under any circumstances follows; nor does he allow the blood of a patient already poisoned by alcohol to be still further charged by the use of stimulants. Instead of this, he insists on the administration of strong beef-tea at short intervals, to which Cayenne pepper has been freely added. Without the addition of pepper, the stomach will rarely retain the nourishment. Food is absolutely necessary. A man who has been drinking to such an extent as to bring on this formidable affection, has, nine times out of ten, been eating little or nothing. Dr. Maclean is a great advocate for a darkened room and

careful nursing by judicious male attendants. Women cannot restrain patients who, in their terror at the imaginary objects of "horror" by which they are surrounded, are apt to be violent. He regards with well founded disfavour the system of forcing sleep by large doses of morphia, and has seen more than one person die with all the symptoms of narcotic poisoning, who were thus treated.

Queen's Hospital Birmingham.—The following is Dr. Fleming's treatment of delirium tremens: The patient is placed in bed. All harshness or restraint, unless absolutely necessary, is carefully avoided. Tranquillity and a free supply of pure air secured. The face, neck, and arms are sponged from time to time in tepid water. As a drink, Carrara water or toast-and-water is given freely. For diet, the patient has at first milk and strong beef-tea alternately every four hours, and, gradually, as the appetite improves, chicken, mutton, etc., until the stomach can accept the ordinary food. Alcoholic stimulants in every form are stopped at once and entirely. If there be any manifest symptoms of faintness, the following is prescribed: R.—*Ætheris chlorici* (Duncan and Flockhart), *spiritus ammoniæ aromatici*, sing. ℥ij ; *tincturæ lavandulæ comp.* ℥iv ; *spiritus vini gallici* ℥x . Two drachms for a dose, in a wineglassful of water, every two or four hours, according to circumstances.

The further addition of alcoholic poison having been stopped, the objects of treatment are—1, to eliminate the poison already in the blood; 2, to control its effects; 3, to favour convalescence. To promote elimination by the skin and kidneys, the following mixture is given: R.—*Spiritus ætheris nitrosi*, *liquoris ammoniæ acetatis*, sing. ℥v ; *sodæ phosphatis*, *sodæ et potassæ tartratis*, sing. ℥v ; *aquæ* ad ℥xx .—M. Two ounces every four hours, two hours before meals. Should an active purge be indicated, Dr. Fleming gives the colocynth and hyoscyamus pill, with from half a grain to a grain of the acetic extract of colchicum. The second object of treatment, that of controlling the effects of the poison, is attained by the administration of a mixture of ten drachms of dilute phosphoric acid with twenty drachms of tincture of hops. Of this, two drachms are to be taken every four hours, one hour before food, in a large

wineglassful of water. This helps to sustain the patient, and lessens the feeling of depression. At bedtime, the following draught is ordered: R.—*Tincturæ cannabis* ℥xxx ad ℥x ; *liquoris morphiæ acetatis* ℥xv ad ℥x ; *spiritus ætheris nitrosi* ℥ij ; *aquæ pimentæ* ad ℥ij .—M. This seldom fails to induce sleep. This medication is pursued until convalescence is established, when the tonic regimen is strictly enforced, including good food, pure air, cold bathing, with zinc and iron as blood-tonics. This treatment has furnished very good results; and Dr. Fleming considers that it compares most favourably with other modes of cure.

Aberdeen Royal Infirmary.—Dr. Harvey has long since abandoned the practice of treating delirium tremens with heroic doses of opium, and of using much restraint with the jacket. His treatment of it has been, on the whole, "expectant"—letting the patient alone, giving him plenty of food, and moderate exercise in the ward or out of doors, if in a condition for it. He is inclined, however, to think that, from his knowledge of the *calmative* action on the nervous system of bromide of potassium in full doses (twenty to thirty grains, repeated daily, at short intervals), this article of the materia medica will be found to prove a valuable remedy in the graver forms of the disease.

Edinburgh Royal Infirmary.—Dr. Laycock has treated a considerable number of cases. The following notes have been kindly compiled and sent us by Dr. David Ferrier, his late clinical assistant. In all cases of delirium tremens, Dr. Laycock insists at the outset on perfect quiet. The hands and face are washed; the room kept cool and fresh, but not cold. No mechanical restraint of any kind is attempted. Food is given, of a quality and kind suited to the state of the stomach. At first, it is often refused; in which case it is administered in a concentrated form (beef-tea, etc.), in small quantities, at intervals of one or two hours. If the breath smell of drink, and there be reason to think that the patient is labouring under an overdose, a gentle emetic is prescribed. In other cases emetics are not employed. In the majority of cases there is stomacheic or biliary derangement. In some, food is vomited, or, if retained, causes pain, because of the congested and inflamed state of the mucous membrane of the stomach. In such cases,

a pill containing a third of a grain of nitrate of silver, a third of a grain of hydrochlorate of morphia, and a sixth of a grain of calomel, gives great relief, and lessens the desire for stimulants. In cases of constipation and hepatic congestion, podophyllin, calomel, colocynth and hyoscyamus, castor oil, etc., are ordinarily used. Podophyllin seems to have good effect. The following formula has been used by Dr. Laycock with advantage: Two grains of extract of podophyllin, and a scruple each of compound cinnamon powder and extract of hyoscyamus, with a sufficient quantity of mucilage; the mass to be made into four pills, and one to be taken every six hours till the bowels are moved. In the majority of cases, no other method of treatment is adopted than rest, nutrients, and purgation if necessary; and the method is followed by complete success. A favourable termination is expected, independently in most cases of active remedies, in from four to fourteen days. The average duration of treatment is six days; and such also seems to be the result of cases treated more lately by Dr. Sanders according to the expectant method. Medicinal agents are used, with the purpose of favouring the natural tendency to recovery. The effect of drugs used to this end cannot in many cases be satisfactorily determined, since it is difficult to eliminate, from the influence of the drugs employed, the share due to diet and regimen, and that due to nature. It seems probable, that they exercise an influence over the intensity of the symptoms, although they may not either cause sleep or shorten the duration of the disease. The indications for the employment of alcoholic stimulants are drawn from the condition of the patient. When food has not been taken for several days, and the hallucinations are of a frightful or distressing kind, and especially when the pulse is very quick and feeble, the first sound of the heart heard indistinctly, the tongue coated, œdematous, and indented at the edges, wine and brandy may be administered medicinally with advantage. Except in such cases of protraction, alcoholic stimulants are not employed. Great caution, Dr. Laycock thinks, is shown in the administration of opium and its salts. It is never given in cases which indicate any tendency to serious encephalic lesion or insanity. These cases are characterized by a tendency to aggres-

siveness, where the notional delusions predominate over the hallucinations of the senses, and where the state of the pulse and nervous system indicate the sthenic rather than the asthenic type of delirium. It is not always easy to determine beforehand, when opium tends to induce greater prostration and distress. Generally, however, the patient is of a nervous habit, with a florid complexion, or at least has had, and is of a neuro-vascular diathesis. When not contra-indicated by these conditions, opium is sometimes administered with advantage, but never in more than ordinary doses; and regard is always had to the effect of the drug in exciting contraction of the pupils. The want of sleep is often the result of a morbid apprehension of sleepless nights; and, in such cases, a placebo, administered with the assurance that it is a powerful hypnotic, is often successful. Where there is great exhaustion, and morphia is inadmissible, camphor in from two to three grains every three hours, or the carbonate of ammonia combined with camphor and hyoscyamus, often prove useful. Cases intolerant of opium or stimulants of the sthenic type, and especially where there is some inflammatory complication, as pneumonia, are successfully treated by small doses of tartar emetic. Dr. Laycock has not much experience of digitalis. From the results of several cases treated by Dr. Sanders in the Royal Infirmary, Edinburgh, with half-drachm doses of the tincture of digitalis three times a day, it has proved beneficial. All the cases treated in this way were severe cases, and all recovered speedily. The administration of the drug was discontinued when the pulse became moderate and the signs of delirium had abated. The average duration of stay in the hospital was seven days. Chloroform has been employed in very violent cases with advantage—viz., in those cases where great exhaustion would follow continued raving and struggling; thus demonstrating the patient's powers of recovery.—British Med. Journ., July 3, 1869.

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Constant Vomiting and Eructations relieved at once, and permanently, by Sulphurous Acid.—The following case, which occurred in the Metropolitan Free Hospital, under the care of Dr. Charles R. Drydale, is reported in the Lancet of July 24:

Mrs. C—, aged thirty-six, seen first on May 25th, 1869. She has been suffering for the last month from vomiting of all her meals and constant eructations. The eructations are incessant, and during the time the patient was in the consulting-room they occurred every minute or two. She brought up a good deal of frothy and sour clear fluid. To take a bismuth and hydrocyanic acid draught three times daily.

June 8. No better. Ordered an efferevcesing draught thrice daily.

15th. No better; eructations as before, and continued vomiting of all her meals. Half a drachm of sulphurous acid in one ounce of water three times a day.

29th. The patient says that she is now quite well, and that after taking the last medicine for a day, the vomiting and eructations ceased.

July 6. She has continued free from vomiting since.

Fracture of the Base of the Skull.—The following is one of unusual and peculiar interest. It exhibits all the characteristic phenomena of a fracture of the middle fossa of the base of the skull, and at the same time manifests an injury inflicted upon the brain amounting only to concussion, from which the patient speedily recovered. The hemorrhage from the ear lasted for thirty-one hours, and during that time was considerably severe. To this succeeded the aqueous discharge, which continued for fifteen days, and produced no other ill effects upon the patient beyond the discomfort it occasioned. With regard to the treatment little can be said; perfect rest in the recumbent posture, warding off inflammatory action in the brain or its membranes by the application of ice, and playing the strictest attention to dietetic rules and to the condition of the bowels, being all that was required in the case.

C. J—, aged forty years, a butcher, admitted into Westminster Hospital Feb. 25, 1869. Returning home at 1.30 A. M., he had to ascend a steep staircase in order to reach his room, when his foot suddenly slipped, and he was thrown violently upon the ground, striking the left side of his face and ear.

Upon his admission, he was perfectly insensible, with alight stertor; the skin was cold and clammy; the pupils contracted almost to a point; and the pulse was small and

feeble. The left temporal region, including the ear and about an inch and a half posteriorly to that organ, was contused and ecchymosed. Considerable hemorrhage had taken place from the ear, and blood was then flowing in pretty large quantities. Not any fracture, however, could be detected by examination.

The patient was immediately placed in bed, wrapped in blankets, hot-water bottles applied to the feet, some brandy given him, and ice-bag applied to the head, and the urine removed with a catheter. The hemorrhage from the ear continued throughout the night, and was so abundant as to render his pillow and bed-clothes completely wet. At 7 P. M. he became somewhat conscious, and half an hour afterwards vomited. 11 P. M.: Can answer questions. Reaction has set in; pulse full and strong, 100; skin cool and moist; the bleeding from the ear continues, and there are no signs of head mischief. Mr. Holt saw the patient at 1.30 P. M., and ordered him to be put upon a low diet of milk and beef-tea; the ice-bag to be applied to the head at intervals, and the patient to be isolated from the others in the ward. He passed his urine without the catheter, and the bowels have acted.

Feb. 26, 9 A. M.: Slept for several hours. There are not any symptoms of cerebral disturbance either of an inflammatory or other character, and he is perfectly sensible. Pulse full, 100, and the hemorrhage from the ear has ceased. 10 P. M.: Since the cessation of the hemorrhage there has been a discharge of clear limpid fluid in great quantity. Pulse 96, and no cerebral symptoms.

27th. Had but little sleep during the night, and complains of deep-seated pain in the head. There is not any heat of the scalp, nor anything indicative of mischief within the cranium. Skin cool and moist; pulse full but compressible (90), and the watery discharge is very abundant.

28th. No inflammatory symptoms to be observed; the watery discharge present, and the patient is doing well.

The discharge from the ear of the cerebrospinal fluid continued in large quantities until March 12, without the least trace of cerebral mischief, and the patient has made a complete recovery, retaining possession of all his intellectual faculties.—*Lancet*, April 24, 1869.

MEDICAL NEWS

DOMESTIC INTELLIGENCE.

"Sweet Quinine." *What is it?*—The editor of the American Journal of Pharmacy has satisfied himself by a series of experiments (see American Journal of Pharmacy, July, 1869) that the so-called sweet quinine is not quinine at all, but mainly the alkaloid *cinchonina* precipitated from the sulphate, dried and triturated with an impure glycyrrhizin prepared from liquorice root. *Cinchonia* is very insoluble, requiring nearly 4000 parts of cold water; hence the tastelessness of "sweet quinine," and its bitterness with acid or alcoholic fluids, which salify and dissolve it. From his various experiments he concludes that "sweet quinine" consists of about three parts of *cinchonina* and one of impure glycyrrhizin. Quite possibly there may be some *cinchonidin* also present, in small quantity, but no examination has been made for it.

The thanks of the community are due Professor Procter for this investigation and disclosure.

Government of the Medical Profession by itself.—Many propositions have recently been urged in this country for the improvement of medical education, and for regulating the admission of members into the profession. The least feasible and the one most fraught with danger is that recently put forth to effect these objects by the establishment of national schools, and the appointment of professors and examiners by legislative or executive bodies. The medical profession is best competent to manage its own affairs; all that is required is authority to enforce its regulations. But for the profession to seek to have their affairs managed by parties selected by political bodies would be untrue to themselves, and tend to the destruction of the dignity, usefulness, and competency, of its members.

The British Medical Journal, July 24, 1869, contains the following just remarks on this subject:—

"There is a rumour—whether correct or incorrect, we cannot say with certainty—that it is proposed, in future medical legislation, to abolish entirely the present Medical Council, and to substitute for it a Government Council composed mainly of members not belonging to the medical profession;

and to institute a Board of Examiners appointed by the Government. Such a proposal as this for the constitution of a Council to regulate the profession cannot for a moment be entertained; and, if ever made, must be met by strenuous opposition on the part of the profession. Its adoption would only tend to the degradation of medicine; for it would imply an unfitness, which does not exist, on the part of the medical profession to direct the education of its members, and in other respects to regulate its internal economy. The Law, the Church, and other professions, make their own regulations on such matters as education and admission, aided by the law so far as is necessary to give them power. The medical profession is as competent as any other to govern itself. All that it asks from the law is, that a body of men, who shall beyond cavil represent all interests in fair proportion, shall be supplied with well defined powers for making and carrying out such regulations as are essential to the well-being of the profession and conducive to the public good. The profession can never consent to be placed under the direction of a body of men, however eminent, who will have at best but an imperfect knowledge of its wants, and whose appointment, in fact, may rest in the hands of some one adviser of the Government."

Ether vs. Chloroform.—DR. SIMMONS, at a late meeting of the Sacramento Society for Medical Improvements, called the attention of the members to a fact occurring in his practice in connection with the use of different anæsthetics for the reduction of hernia. During the past season he had been called to three cases of strangulated hernia, in each of which taxis and other means had been tried by himself and others in consultation while the patients were fully under the influence of chloroform, but without success. In each case the symptoms demanded an operation, and the patients were laid on the table for this purpose. Ether was selected as the safer agent for long-continued anæsthesia, and after its full effect was exhibited slight taxis reduced the tumor. It was a question whether this was a singular coincidence, or whether the relaxation of the system was not greater from the anæsthesia of ether over chloroform.—Pacific Med. & Surg. Journ., March, 1869.

Circular No. 1. Navy Department, Bureau of Medicine and Surgery, Washington, July 7, 1869.—The medical officers of the Navy are invited to forward to the Bureau of Medicine and Surgery, with a view to publication, any reports or essays on professional and allied scientific subjects that they think will convey valuable and useful information.

These papers will be submitted to a competent board, and such of them as the board may recommend published by the Bureau.

WM. MAXWELL WOOD,
Chief of Bureau.

Peroxide of Hydrogen, or Ozonic Ether.

—It is said that the process for the manufacture of this article, as used by Dr. RICHARDSON and others, is a difficult one, and that there is but one pharmacist in England who makes it. It has hitherto, we believe, been unattainable in this country. We are, therefore, pleased to state that Mr. Krause, apothecary, N. W. corner of Chestnut and Twelfth Streets, has imported some of the article from the manufacturer, and can supply it to those who desire to try its therapeutical properties.

In Memoriam.—At a stated meeting of the College of Physicians, held July 7th, 1869, the following resolutions were adopted:—

Resolved, That the College of Physicians have been grieved to learn of the death of their fellow, Dr. Charles D. Meigs, who had become equally venerable in character and in age, and had crowned with honour an eminent and useful career.

Resolved, That of our deceased friend it may be truly said that his heart was as warmly benevolent, and his actions as generous, as his manners were genial, kind, and winning. Zealous and conscientious in discharging his professional duties, he regarded no sacrifice of time, rest, or comfort too great when its purpose was the relief of suffering, and especially when its objects were young mothers and their tender offspring, by thousands of whom his name is blessed and will be held in grateful remembrance. Endowed with an enthusiastic love of the beautiful and true, and with a refined and delicate taste, both in nature and in art, he was not the less eager, as a scholar, to appropriate to himself the wisdom and experience of ancient

times and foreign countries, for which purpose he maintained a familiarity with the classics and with several modern languages, and with equal zest enjoyed their scientific and their literary wealth. Thus copiously furnished with thought and expression, and with the fruits of an extended, varied, and well-studied experience, he naturally became a successful teacher of his favourite art, enchaining the attention of his audience by earnestness of manner, clearness and elegance of diction, and richness of illustration, as well as by many original views in the theory and practice of medicine.

Resolved, That the personal and professional life of Dr. Meigs conspicuously illustrated the high principles which should govern a physician's conduct in his relations to his brethren, his patients, and society, and may be safely appealed to as an example and a guide.

Resolved, That a copy of these resolutions, properly attested, be communicated to the family of Dr. Meigs, and that the Secretary be instructed to publish them in one or more medical journals.

JOHN H. PACKARD, *Secretary.*

FOREIGN INTELLIGENCE.

Treatment of Diabetes by Peroxide of Hydrogen.—The great hopes which were entertained of the action of this remedy seem to be fading away. Dr. Allbut has given the solution of peroxide of hydrogen and the so-called ozonic ether a long and careful trial in four cases of diabetes; but the want of success in each case has deterred him from submitting any more diabetic patients to the same useless procedure.

The four cases were chosen as representing four degrees of severity of the disease. The patient, who was taken as an example of the extreme stage, was treated with increasing doses of peroxide of hydrogen for six weeks. No good effects were noticed, and the patient died a short time after the discontinuance of the medicine.

Two of the cases were in private practice, and two were in the infirmary. The therapeutic experiment was carried out in the infirmary with great care. The two patients were taken in at the same time, and their weights, quantities of urine,

amounts of water drunk, and specific gravities of urine were taken daily. For about ten days they were placed on an ordinary diet (some restriction in the quantity of potatoes and bread only being made), and the daily variations noted. The peroxide of hydrogen, the purity of which was guaranteed, was then given in increasing doses, until the two patients were taking half an ounce of the liquor every six hours. In one, the slight daily decrease of weight was arrested for a day or two; but this was apparently accidental, as it soon recommenced. It was intended to publish the columns containing the daily weight, water drunk, urine passed, and specific gravity; but as no important variations were seen in them on administration or withdrawal of the medicine, it seemed unnecessary. Both patients improved subsequently on carbonate of ammonia and restricted diet, though one of them, as stated above, ultimately died. The peroxide of hydrogen was given for about two months in each case.—*Lancet*, July 31, 1869.

On Muriate of Ammonia as a Remedy for some Nervous Affections.—"Muriate of ammonia is one of those commonplace and unattractive substances which we, in this country, are little apt to credit with extensive remedial properties in disease." We quote the first sentence of an eminently suggestive paper by Dr. Anstie (*The Practitioner*, December, 1868), which treats principally of the employment of this remedy for the relief of (1) various kinds of pain, and (2) of certain cases of suspended secretion dependent on nervous exhaustion. Before very briefly describing some of the applications mentioned, we think it right to state that we are by no means prepared to coincide in Dr. Anstie's therapeutics, in so far as this is founded on physiological data. Under the first class the disease termed *myalgia* is said to be specially amenable to treatment by muriate of ammonia. Doses of from ten to twenty grains are recommended, and by their use this disease may be cured as certainly as ague by quinia. This class also includes various neuralgias proper, such as *migraine* (usually referred to disorders of digestion) and *clavus hystericus*; both of which Dr. Anstie believes to be distinct and primary neuralgias of the fifth cranial nerve. Of all the internal remedies that can be employed in these head-

aches, none is apparently so beneficial as the muriate of ammonia, its virtue depending on its mildly stimulant properties. It should be given in the same doses as for myalgia. In *intercostal* neuralgia, and especially in that form met with in suckling women or in phthisical patients, this remedy is also of great value, frequently "pain being relieved in half an hour." It may also be used with advantage in the milder varieties of *sciatica*, which occur in young and debilitated persons; and in that somewhat obscure form of neuralgia termed *hepatic*. Among the therapeutic applications to relieve suspended secretion, Dr. Anstie expresses his conviction that muriate of ammonia "is the most powerful of all functional restoratives" of suspended bile secretion. He especially recommends it in those cases where the disease is produced by severe and exhausting mental excitement; and mentions that he has seen several instances in which two or three doses of twenty grains have caused a marked recommencement of biliary secretion. All these, and various other therapeutical indications, are founded on the supposition that this remedy is a "pure tonic stimulant" to sensitive and to vaso-motor nerves.—*Edin. Med. Journ.*, June, 1869.

Lime-Water in the Treatment of Bright's Disease.—KUCHENMEISTER recommends it in the treatment of Bright's disease and of nephritis after scarlatina the use of large doses of lime-water, theoretically from its having the property of dissolving proteine. *Lyon Médicale* details the treatment, and says that caustic lime in solution, or any of the soluble salts of lime, will answer equally well. He has seen the urine increase from 30 grammes to 120 the first day, 180 the second, 300 the third, and up to 1020 the seventh day, under this influence; sometimes a slight hemorrhage necessitates the disuse of this treatment; but the quantity of albumen in the urine sensibly diminishes.—*Med. Press and Circ.*, June 30.

Treatment of the Diarrhœa in Children.—Dr. HUBER, of Memmingen, complains (*Deutsches Arch. f. Klin. Med.*, July) that almost all the various plans laid down by different authors are quite useless or unreliable. His own treatment, for some time past, has been partly dietetic and partly medicinal. He feeds the children on a broth

made of corn-meal water and a little dripping. This being burnt in the pan, besides the formation of dextrine, certain products are formed which apparently have a direct effect in checking fermentation in the intestinal canal. It is at any rate a perfectly nourishing food, and never aggravates the diarrhoea. As medicine, Huber gives bismuth, which has been much recommended by French and Belgian authors. According to the age of the child, 3ss to ʒj daily of bismuth may be given; a dose should be given hourly till the diarrhoea abates, which often happens within a few hours. The remedy never leaves any evil after-effects, and it commonly puts an end to the danger which the profuse diarrhoea had caused within twenty-four hours. Huber disapproves of the colossal doses recommended by the French authors. He says that the treatment above described is successful also in cases where there is vomiting as well as diarrhoea.—*The Practitioner*, August, 1869.

Transfusion of Non-Febrile Blood in Acute Traumatic and Suppurative Fever Menacing Life.—Prof. HUETER, of Greifswald, publishes a preliminary communication in which he suggests the propriety of this treatment when life is seriously menaced by the febrile action set up after accidents and operations. He refers to three cases in his own clinic in which the practice was resorted to, and, although it did not save the patients, each transfusion was followed by remarkable temporary amendment. From half to a whole pound of blood was thrown in by arterial transfusion, the radial and tibialis postica being selected; and when there is not anæmia present he thinks some venous blood should be at the same time abstracted from the opposite extremity.—*Med. Times and Gaz.*, July 10, 1869.

The Ophthalmoscope in Diseases of the Spine.—M. BOUCHUT, as a candidate for the next prize in Medicine and Surgery at the Académie des Sciences, has presented an additional memoir, founded on his prolonged researches with the ophthalmoscope in diseases of the nervous system. He comes to the following conclusions:—

"1. Diseases of the spinal cord, as acute myelitis, spinal sclerosis, locomotor ataxy, etc., frequently induce a congestive lesion of the papilla of the optic nerve, which at a later period becomes atrophic. 2. The le-

sions of the optic nerve produced by diseases of the cord are the result of a reflex ascending congestive action, the great sympathetic nerve acting as the intermedium.

3. The presence of hyperæmia of the optic nerve, of reddish suffusion (*diffusion*) of the papilla, and of a total or partial atrophy of this part, coinciding with weakness and numbness of the lower extremities, indicates the existence of an acute or chronic disease of the spinal cord."—*Med. Times & Gaz.*, July 3, 1869.

Treatment of Herpes Zoster by Belladonna Ointment.—Dr. DAUVERGNE, *père*, carefully discusses (*Bulletin Gén. de Thérapeut.*, Feb. 20, 1869) the various means that have been recommended to assuage the sufferings of patients affected with this disease, and recommends, as the result of his experience, an ointment composed of five parts of extract of belladonna to thirty parts of axunge. He believes that this ointment has two advantages due to the belladonna it contains. In the first place, it favourably affects the local hyperæmia, in virtue of its well recognized property of exciting the contractility of the minute bloodvessels; and, besides, it directly subdues and removes neuralgic affections.—*Edin. Med. Journ.*, June, 1869.

Chorea cured by Ether-spray applied to the Spine.—M. MAZADE records (*Lyon Médical*, 4 Juillet) an interesting case in which severe chorea was effectually treated in the above manner. The patient was a young man aged eighteen; the disease had lasted many months, and after a brief interruption (during an attack of varicella) had returned with increased violence. Fifty grammes (14 drachms) of ether were applied, in spray, along the whole length of the spine with a Richardson's apparatus; the skin was slightly reddened, but not rendered anæsthetic. The next morning the patient announced that he felt much better, although the external symptoms were not very materially changed. The ether douche was administered three times more, and a remarkable improvement was then observed; the treatment was therefore continued, and at the end of about eight days the patient could write legibly, whereas the affection of the hands had been so severe as to entirely prevent even his feeding himself. He was so well as to be about

to leave the hospital, about three weeks after the commencement of the ether treatment, when he was attacked with typhoid fever. The latter affection proved slight, and was not followed by any return of the choreic symptoms.—*The Practitioner*, August, 1869.

Calabar Bean in Tetanus and Trismus Neonatorum.—Dr. MONTI has been trying this treatment in four cases of tetanus in new-born children, and one case of traumatic origin in a boy four years old. The traumatic case and two of the infants recovered; the remedy was mostly administered by subcutaneous injection. The author remarks on the extreme rarity of favourable results in this disease, and concludes, from his own experience and that recorded by other observers, that Calabar bean offers a much better prospect of positive therapeutic results than does any other drug. The proper dose for subcutaneous injection of an infant a few days old seems to be $\frac{1}{32}$ to $\frac{1}{8}$ grain of the extract; in the boy of four years old Monti injected as much as $\frac{1}{4}$ grain, and a total of $6\frac{1}{2}$ grains of the extract were given altogether, by stomach and by skin.—*The Practitioner*, August, 1869, from *Jahrb. f. Kinderheilkunde*, Mai.

Permanent Contraction of a Limb cured by Subcutaneous Injection of Atropia.—M. DESPREZ obtained a remarkable success in the case of a delicate young lady who had been for some years subject to articular rheumatism, and for a long time past had suffered from a fixed and extreme contraction of the arm, following in rheumatic inflammation of the shoulder-joint. When M. Desprez first saw her, there was no remaining swelling of the joint, but the limb was somewhat atrophied from want of movement. Frictions with belladonna accomplished some, but not very much, good. A solution of sulphate of atropia was then prepared, 1 part in 400; and of this 25 drops ($\frac{1}{16}$ grain) were injected over the pectoralis major. Slight temporary intoxicative symptoms were produced. Three days later there was a marked improvement in the mobility of the joint; the muscles were less rigid, and there was less pain on attempting to move the arm. A second injection of 30 drops ($\frac{1}{8}$ grain) was made at the same point, and this was fol-

lowed at intervals by three others, of 35 drops each (between $\frac{1}{16}$ and $\frac{1}{8}$ grain), which completed the cure. The movement of the joint was quite restored, the atrophy has since disappeared, and the use of tonics and good feeding has subsequently much improved the patient's general health.—*The Practitioner*, June, 1869, from *Bulletin Gén. de Thérapeutique*, Mai 15.

Amblyopia cured by Hypodermic Injection of Strychnia.—Dr. JOS. TALCO, of Tiflis, reports (*Klin. Monatsblätter f. Augenheilkunde*, Mai) a very interesting case of amblyopia cured entirely and solely by this method. The doses used were $\frac{1}{2}$ raised gradually to $\frac{1}{2}$ of a grain of nitrate of strychnia; the injection was made in the neighbourhood of the affected eye; it seemed to answer best when done in the supra-orbital region. The cure may be said to have occupied about seven weeks, and was then complete. It is remarkable that such large doses, repeated as often as once a week, produced neither local inconvenience nor constitutional poisoning, with the exception of the trivial symptoms.—*The Practitioner*, August, 1869.

Hypodermic Injection of Morphia in the reduction of Hernia.—Dr. RAVOTH reports (*Berlin. Klin. Wochensch.*, Juin 7) some remarkable results from the subcutaneous injection of morphia in cases of hernia which had previously resisted the taxis. Quarter grain doses were used.—*The Practitioner*, August, 1869.

Turpentine in Uterine Hemorrhage.—Mr. BRADLEY, of Martley, near Worcester, a few years since, published some very valuable records of the utility of turpentine in hemorrhages of all kinds. As a restorative in certain cases of prostration, especially such as occasionally arise during the puerperal state, it is no less serviceable. Sometimes after a severe labour, accompanied or not with hemorrhage, great debility will ensue about the third day, characterized by a rapid pulse, tympanitic abdomen, and other symptoms not connected with peritoneal or other fever, yet threatening the advent of a typhoid condition. Here turpentine, both as an injection and by the mouth, is invaluable. Mr. Yarroway, of Faversham, records (*British Med. Journ.*, July 10, 1869) a case of this character oc-

curing in a primipara on the third day after labour. One ounce of turpentine, diffused in mucilage, was injected as high as possible into the rectum; the patient had been previously inensurable, with cold and sweating skin, and commencing shrivelling of the surface, but in four or five minutes after the turpentine injection the respiration became freer, she soon opened her eyes, deglutition became possible; after which nourishment was administered with the best effects.

A New Styptic Collodion.—M. CARLO PARESI gives, in the Gazette de Turin, the following recipe: Collodion 100 parts, carbohc acid 10 parts, tannin 5 parts, benzoic acid 3 parts.

Agitate until a perfect solution is formed. It is of a brownish colour, gives a pellicle similar to ordinary collodion, and instantly coagulates blood.—Indian Med. Gaz., July 1, 1869.

The Supposed Cholera Fungus.—The July number of the Monthly Microscopical Journal contains some critical observations on Dr. Hallier's hypothesis as to the origin of cholera from parasitic fungi, by one who has every title to be heard on such a subject—the Rev. M. J. Berkeley. After stating that two of the most promising young officers of the Indian and British medical services respectively had been selected to investigate the subject fully in India, and after referring to the three reports published by those gentlemen in this journal, comprising the results of their labours up to their departure for India, Mr. Berkeley proceeds to show that Dr. Hallier's observations were of altogether too vague and undecided a character to inspire much confidence. Great pains, we are told, "have been taken by Mr. Thwaites, the acute Director of the Botanical Garden at Peradeniya, in Ceylon (than whom few have a more intimate acquaintance with cryptogamic plants), to acquire every possible information both in India and Ceylon. All his inquiries, however, have failed to detect a single fungus on the rice plant even distantly allied to the Urocystis (*Polycystis* Auct.); indeed the only fungus which has been detected is a little species of *Cladosporium*, differing from the universally diffused *Cladosporium herbarum*, and which, like that, is clearly an aftergrowth, and not

a true parasite. Amongst some 7000 numbers of fungi from North and South Carolina, not a single one occurs on rice." Mr. Berkeley adds: "An attentive perusal of the report of what Drs. Cunningham and Lewis saw at De Bary's, and the instructions derived from him, as well as that of their conference with Dr. Hallier, will be quite sufficient to make us receive Dr. Hallier's views with much less attention than they have attracted in certain quarters." In alluding to the opportunity he had of examining Prof. Huxley's preparations, Mr. Berkeley says he saw sufficient to hope that Prof. Huxley would continue his investigations, and he thinks that he has exercised a very wise discretion in not publishing his observations too hastily. The preparations given by Hallier as to the connexion of fungi with scarlet fever, &c., proved absolutely nothing. It would be folly to blind the eyes to the experiments of Pouchet, Child, Bennett, and others, as to what is called the atmospheric germ theory; but, whatever may be the origin of the minute bodies in question, whether from pre-existent spores or the fortuitous concurrence of chemical and other energetic forces, it is a matter of immense importance to ascertain whether they have any connection with disease, and it is obvious that the question as to their origin becomes essential. At present, however, according to Mr. Berkeley, there is no proof whatever that different fevers owe their origin to different parasitic fungi, or that especial forms of the same common species appear constantly in the several forms of fever, a circumstance for which there is better evidence, perhaps, as regards certain skin diseases. It is, however, unfortunate that writers on these subjects are seldom persons who are well acquainted with fungi.—Lancet, July 31, 1869.

Preservation of Dead Bodies.—At the meeting of the Imperial Academy of Medicine (June 8th), M. DEVERGIE stated that, at the School of Practical Anatomy, bodies injected with a mixture of three parts of glycerine and one of carbohc acid had been preserved for several months without giving off any unpleasant odour.

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In a former notice of this work (No. for April, 1869, p. 486), we expressed the opinion that it was the most complete and reliable treatise on its subject in the English language, and have now only to add that in the present edition the number of illustrations has been more than doubled; that some notes have been added to the text, which, with selections from the test-types of Jaeger and Snellen, much enhance its usefulness. —*American Journal Med. Sciences*, July, 1869.

His chapters are eminently readable. His style is clear and flowing. He can be short without over-condensing, and accurate without hair-splitting. These merits appear in a remarkable degree

when he comes to treat of the more abstruse departments of his subject, and contrast favorably with the labored obscurity which mars the writings of some greater authorities in the same line. We congratulate Mr. Wells upon the success with which he has fulfilled his ideal, as represented in the preface, in producing "an English treatise on the diseases of the eye, which should embrace the modern doctrines and practice of the British and Foreign Schools of Ophthalmology." The new School of Ophthalmology may also be congratulated on having found an exponent who is neither a bigoted partisan of everything new, nor a scoffer at everything old. —*Glasgow Med. Journal*, May, 1869.

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